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APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE YES 02/25/2004 nonprovisional \$665 \$300 \$965 **EXAMINER CLASS-SUBCLASS** ART UNIT FRIEDHOFER, MICHAEL A 2832 200-051090 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the CFR 1.363). ROBIC names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or Gonzalo LAVIN agent) and the names of up to 2 registered patent Address" indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. will be printed.

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Gonzalo LAVIN No. 52,529 02/03/2004

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